

Gastro-oesophageal reflux disease (GORD)



What's in this patient handout?

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An overview of GORD

Gastro-oesophageal reflux disease (GORD or GERD) is the long-term and more serious form of acid reflux. Acid reflux occurs when the contents of the stomach move back up into the oesophagus, the tube that carries food and liquid from your throat to your stomach.

Millions of people worldwide are affected by GORD. Around half of all adults will report reflux symptoms at some time.

GORD is a major health concern that can lead to decreased quality of life and significant health problems if left untreated.

Treatment of GORD commonly involves the use of proton pump inhibitors (PPIs) and lifestyle modifications. PPIs work to lower the stomach's acid levels, which results in less harm to the lining of the oesophagus.

Common treatment includes over-the-counter antacids and lifestyle modifications. Antacids, such as histamine type 2 (H₂) receptor blockers and proton pump inhibitors (PPIs), work to lower the stomach's acid levels, which results in less harm to the lining of the oesophagus.

Long-term use of PPIs has been associated with adverse health effects. Lifestyle changes can help to prevent the symptoms and complications of GORD.

Causes/risk factors

The most common cause of GORD is the occurrence of temporary relaxations in the lower oesophageal sphincter, due to older age or other risk factors.

The oesophageal sphincter is the muscle connecting the oesophagus to the stomach. The muscle relaxes and opens to let food into the stomach, and to let stomach gas out (a burp!). When the muscle is weak or damaged it can lose its tone and its ability to close, allowing food from the stomach back out into the oesophagus.

The most common risk factors for GORD include:

- Older age
- Smoking
- Pregnancy
- Excessive body weight
- Sedentary lifestyle
- Anxiety and depression
- Vigorous or excessive exercise
- Eating habits (e.g., acidity of food and size and timing of meals)
- Medication including aspirin and non-steroidal anti-inflammatory drugs (NSAIDs)

Signs and symptoms

- Acid reflux, or heartburn (a burning sensation in the chest)
- A sour taste in the back of the mouth
- Throat clearing and hoarseness
- Feeling of fullness or a lump at the back of the throat
- Painful or difficulty swallowing

Holistic treatment aims

- Identify triggering foods and factors to avoid
- Reduce stomach acid and alleviate GORD symptoms
- Support oesophageal membrane structure to minimise damage from acid reflux



Nutrient and herbal recommendations

*Please consult your health professional for the prescription of herbal, nutritional and lifestyle recommendations.

Ginger containing supplements

- Standardised supplementation may be beneficial

Note: Oral ginger administration might cause heartburn; consume with a meal.

Psyllium husk

- May help to improve GORD symptoms

Iberogast®

- Might help to alleviate indigestion associated with GORD

Diet and lifestyle recommendations

*Identify your individual GORD triggers and avoid them to reduce your risk and symptoms.

Things to avoid

- Smoking
- Large meals (especially in the evening)
- High calorie meals
- Eating quickly
- Irregular meals, e.g., skipping breakfast, night-time snacks

Reduce

- Fatty, fried, sour, spicy, salty, citrus foods
- High carbohydrate intake
- Carbonated drinks
- Coffee, tea, chocolate consumption
- Alcohol

Weight loss

- Benefits individuals who are overweight

Note: Bariatric surgery generally make reflux worse

Exercise

- Recreational physical activity may be beneficial, except when performed after a meal
- Aim for 30 min moderate-to-vigorous activity (e.g., brisk walking)
- Vigorous physical activity might increase the risk

Sleeping on the left side and with the head slightly elevated

- Decreases exposure to oesophageal acid while lying down

Seek medical care: This is not an all-inclusive comprehensive list of information. Consult a qualified healthcare provider before starting any therapy. Application of clinical judgement is necessary.